

**FORM F-3, 2015 ANNUAL FEES
FOR NONCOVERED SOURCES**

For Operation in Calendar Year: 2014

Fill in the blanks and update any information as needed.

1. Company Name: _____
2. Facility Name (if different from the Company): _____
3. Mailing Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
4. Location of Equipment: _____
5. Annual Fees Contact: _____
Title: _____ Phone: _____

Noncovered Source Permit or Permit to Operate Number	Date of Issuance	Date of Expiration	Provide the Date if the permit has been cancelled	Amount Due
Total Due:				

6. Make check or money order payable to "**Clean Air Special Fund-NON.**" Indicate your permit number(s) on all remittance.
7. For **State Agencies**, make Journal Voucher into the Clean Air Special Fund as follows:

TC	F	YR	APP	D	Source Code	Proj. #	PH	Dept. Acct.
805	S	15	349	H	1120	000327	00	440

Indicate your permit number(s) on the Journal Voucher.
8. Mail or deliver payment and this form to:

**Clean Air Branch
Environmental Management Division
Hawaii Department of Health
919 Ala Moana Boulevard, Room 203
Honolulu, HI 96814**